S. No. 300
v. 10-48

0351

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29910

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malden
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malden 0351
d. STREET ADDRESS (If rural, give location): M.A.A.B. 1214A

3. NAME OF DECEASED (Type or Print)
a. (First): Rufus
b. (Middle): Joseph
c. (Last): Ellsworth

4. DATE OF DEATH (Month) (Day) (Year): Sept. 10, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 17, 1887
9. AGE (In years last birthday): 64 — If under 1 year: Months 6 Days 23 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dexter, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Ephraim Ellsworth
13b. MOTHER'S MAIDEN NAME: Mary Ellen Dowdy
14. NAME OF HUSBAND OR WIFE: Maudie Ellsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: -----
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. Maudie Ellsworth. Malden, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the Intestines — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 153X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-19-, 1950, *to* 8-26, 1951, *that I last saw the deceased alive on* Aug. 26, 1951, *and that death occurred at* 3:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F O Kelley DO
23b. ADDRESS: 2 Bernie, Mo.
23c. DATE SIGNED: 9 13 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-12-51
24c. NAME OF CEMETERY OR CREMATORY: Sadlers Chapel
24d. LOCATION (City, town, or county) (State): R.F.D. #2, Dexter, Mo.

DATE REC'D BY LOCAL REG.: 9/22/51
REGISTRAR'S SIGNATURE: J. R. Schumann
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Strickland-Rainey Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-24-51

COUNTY FILE NUMBER 951-252

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by:~~ .....

working under my personal supervision. ~~Student Embalmer No.~~ .....

Signed .....

Student Embalmer

Signed [illegible]

Licensed Embalmer No. 2479

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.